

**HEALTH CERTIFICATE
FOR PERMANENT EXPORTATION OF HORSES FROM THE UNITED STATES TO HONG KONG**

An identification silhouette must be completed and must form an integral part of the certificate or firmly attached to it.

EXPORTING COUNTRY: UNITED STATES OF AMERICA
COMPETENT MINISTRY: UNITED STATES DEPARTMENT OF AGRICULTURE
COMPETENT SERVICE: APHIS VETERINARY SERVICES

I. IDENTIFICATION OF THE HORSE

Name	Color	Sex	Age	Breed and Description
_____	_____	_____	_____	_____

II. ORIGIN OF THE HORSE

(a) Name and address of the exporter: _____

(b) Address of the premises where the horse was examined: _____

(c) Name and address of owner and premises of origin: _____

(d) Address of pre-export isolation premises: _____

III. DESTINATION OF THE HORSE

(a) Name and address of consignee: _____

(b) Means of transportation: _____

IV. HEALTH INFORMATION

I, being an official veterinarian authorized by the United States Department of Agriculture to certify horses for export, hereby declare that:

(a) I have today examined the horse identified in this certificate and found it free from clinical signs or symptoms of infectious or contagious disease;

(b) This horse has been isolated, for at least the last 21 days, on the premises identified at paragraph II(d) above, which were approved and supervised by a whole-time salaried veterinarian of the National Government Veterinary Service of this country;

(c) Within 21 days of shipment, samples were taken from this horse and sent to a USDA approved Laboratory, where they were subjected to the following tests, with a negative result in each case:

(i) Agar-gel immunodiffusion (Coggins) test for equine infectious anaemia; Date of Test _____

(ii) Serum neutralization test for vesicular stomatitis (negative at 1:16 dilution); Date of Test _____

(d) Within 21 days of shipment, this horse has been tested twice at least 10 days apart for equine viral arteritis (EVA) using the serum neutralization test.

*EITHER

The horse was negative to both tests (a negative is a reaction at a dilution equal to or less than 1:4)

Date of first test _____

Date of second test _____

- OR - The horse was positive with no significant rise in titer on the second test (A significant rise is defined as four-fold and greater -- see note below)

Date of first test and titer _____
Date of second test and titer _____

NOTE: The simplest method to find a four-fold increase is to multiply 4 times the initial titer. Example: first test results are SN Positive at 1:8 dilution for EVA, retest 10 days later, if the titer is equal or greater than 1:32 dilution, the animal may not be shipped.

- (e) EITHER
- * (i) during the last 6 months, no outbreak of glanders has occurred in the United States;
 - OR - * (ii) during the last 10 days, this horse has undergone an intradermal palpebral mallein test with a negative result (negative means no reaction 48 hours after injection);
 - OR - * (iii) a blood sample taken from this horse during the last 10 days has been submitted to the complement fixation test for glanders with a negative result;
- (f) during the last 3 months, this horse has not suffered from any of the diseases listed below, nor has this horse during this period been on any premises where these diseases have occurred:
- Anthrax, contagious equine metritis, dourine, epizootic lymphangitis, equine infectious anaemia, equine influenza, equine rhinopneumonitis, equine viral arteritis, all types of equine viral encephalomyelitis, strangles, (streptococcus equi) glanders, rabies, scabies and any other disease of horses statutorily notifiable in the USA;
- (g) This horse has not been vaccinated against Venezuelan equine encephalomyelitis during the last 60 days;
- (h) So far as I can determine, this horse has not, during the last 6 months, been in any country in which:
- (i) African horse sickness has occurred in the last 2 years, or in which vaccination against African horse sickness has been practiced in the last 12 months;
 - (ii) Venezuelan equine encephalomyelitis has occurred during the last 2 years;
- (i) This horse has originated from premises that have been free of vesicular stomatitis for the last 6 months;
- (j) I have obtained from the owner of this horse or his agent a written declaration stating that the horse will be conveyed direct from its premises of origin to the country of destination without coming into contact with horses not similarly certified, in a vehicle previously cleaned and disinfected with a disinfectant officially approved in the USA.

* Delete as necessary

V. VALIDITY

This certificate is valid for 10 days from the date of signature, by the issuing veterinarian.

Health Certificate Number _____ Date Issued _____

Valid only if USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian

Type or Print - Name and Address
of Issuing Accredited Veterinarian

Signature - Issuing Accredited Veterinarian _____ Date Issued _____

Type or Print - Name of Endorsing
Federal Veterinarian

Signature - Endorsing Federal Veterinarian

Date
Endorsed

The animal mentioned has within 24 hours of exportation from the United States been examined by me and shown not signs or symptoms of any communicable disease.

Signature of Port Veterinarian (date)

Name of Port Veterinarian

NOTE: The horse must not be sent to Hong Kong unless a valid import permit has been issued by Agriculture & Fisheries Department, Hong Kong, and the terms of the permit have been fully complied with.

NOVEMBER 1995

**HEALTH CERTIFICATE FOR THE TEMPORARY
EXPORTATION OF HORSES FROM THE UNITED
STATES TO HONG KONG**

An identification silhouette must also be completed and must form part of the certificate or be firmly attached to it.

Exporting Country: United States of America

Competent Ministry: United States Department of Agriculture

Competent Service: APHIS Veterinary Services

I. IDENTIFICATION OF THE HORSE

NAME	COLOR	SEX	AGE	BREED & DESCRIPTION
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_____	_____	_____	_____	_____
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II. ORIGIN OF THE HORSE

(a) Name and address of the exporter: _____

(b) Address of premises where horse was examined: _____

(c) Name and address of owner, and premises of origin: _____

III. DESTINATION OF THE HORSE

(a) Name and address of the consignee: _____

(b) Means of transportation: _____

IV. HEALTH INFORMATION

I, _____, an official veterinary officer authorized by the competent veterinary authority of the United States of America to certify horses for export, hereby declare that:

(a) I have today examined the horse identified in this certificate and found it free from clinical signs or symptoms of infectious or contagious disease and fit to travel

(b) Within 21 days of shipment, samples were taken from this horse and sent to a USDA approved laboratory, where they were subjected to the following tests, with a negative result in each case:

(i) Agar-gel immunodiffusion (Coggins) test for equine infectious anaemia; Date of Test _____

(ii) Serum neutralization test for vesicular stomatitis (negative at 1:16 dilution): Date of Test _____

(c) Within 21 days of shipment, this horse has been tested twice at least 10 days apart for equine viral arteritis (EVA) using the serum neutralization test.

*Either

(d) The horse was negative to both tests (a negative is a reaction at a dilution equal to or less than 1:4)

Date of first test _____

Date of second test _____

The horse was positive with no significant rise in titer on the second test (A significant rise is defined as four-fold and greater - see note below)

Date of first test and titer _____

Date of second test and titer_____

NOTE: The simplest method to find a four-fold increase is to multiply 4 times the initial titer. Example: first test results are SN Positive at 1:8 dilution for EVA, retest 10 days later, if the titer is equal or greater than 1:32 dilution, the animal may not be shipped.

(e) EITHER

*(i) during the last 6 months, no outbreak of glanders has occurred in the United States.

*(ii) during the last 10 days, this horse has undergone an intradermal palpebral mallein test with a negative result (negative means no reaction 48 hours after injection);

*(iii) a blood sample taken from this horse during the last 10 days was subjected to the complement fixation test for glanders with a negative result;

(e) During the last 3 months, this horse has not suffered from any of the diseases listed below, nor has this horse during the period been on any premises where these diseases have occurred:
anthrax, contagious equine metritis, dourine, epizootic lymphangitis, all types of equine viral encephalomyelitis, equine infectious anaemia, equine influenza, equine herpes virus (equine rhinopneumonitis), equine viral arteritis, glanders, scabies, strangles (*Streptococcus equi*) and any other disease of horses statutorily notifiable in the United States;

(f) The horse has received a course of vaccinations against equine influenza using approved inactivated vaccine according to the manufacturer's recommendations, either as certified in the accompanying passport no. _____ or as listed below. The most recent booster was administered not more than 6 months and not less than 14 days preceding the day of racing on _____ (enter date):

Equine influenza vaccination history to include primary course and booster vaccinations.

NAME OF VACCINE	BATCH NUMBER	DATE OF VACCINATION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

(g) This horse has not been vaccinated against Venezuelan equine encephalomyelitis during the last 60 days;

(h) So far as I can determine, this horse has not, during the last 6 months, been in any country in which:

(i) African horse sickness has occurred in the last 2 years, or in which vaccination against African horse sickness has been practiced in the last 12 months;

(ii) Venezuelan equine encephalomyelitis has occurred during the last 2 years.

(i) This horse has originated from premises that have been free of vesicular stomatitis for the last 6 months;

(j) I have obtained from the owner of this horse (or the owner's agent) a declaration stating that the horse will be conveyed directly from its premises of origin to the country of destination (without coming into contact with horses not similarly certified) in a vehicle previously cleaned and disinfected with a disinfectant officially approved in the United States.

*Delete as necessary

V. VALIDITY

This certificate is valid for 10 days from the date of signature, by the issuing veterinarian.

Health Certificate Number _____ Date Issued _____

Valid only if USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian

_____	_____	_____
_____	Signature - Issuing Accredited	Date Issued
_____	Veterinarian	
Type or Print - Name and		
Address of Issuing Accredited		
Veterinarian		

_____	_____	_____
Type or Print - Name	Signature - Endorsing Federal	Date Endorsed
of Endorsing Federal	Veterinarian	
Veterinarian		

The animal mentioned has within 24 hours of exportation from the United States been examined by me and shown no signs or symptoms of any communicable disease.

_____	_____
Signature of Port Veterinarian (date)	Name of Port Veterinarian

NOTE: The horse must not be sent to Hong Kong unless a valid permit has been issued by Agriculture & Fisheries Department. Hong Kong, and the terms of the permit have been fully complied with.